

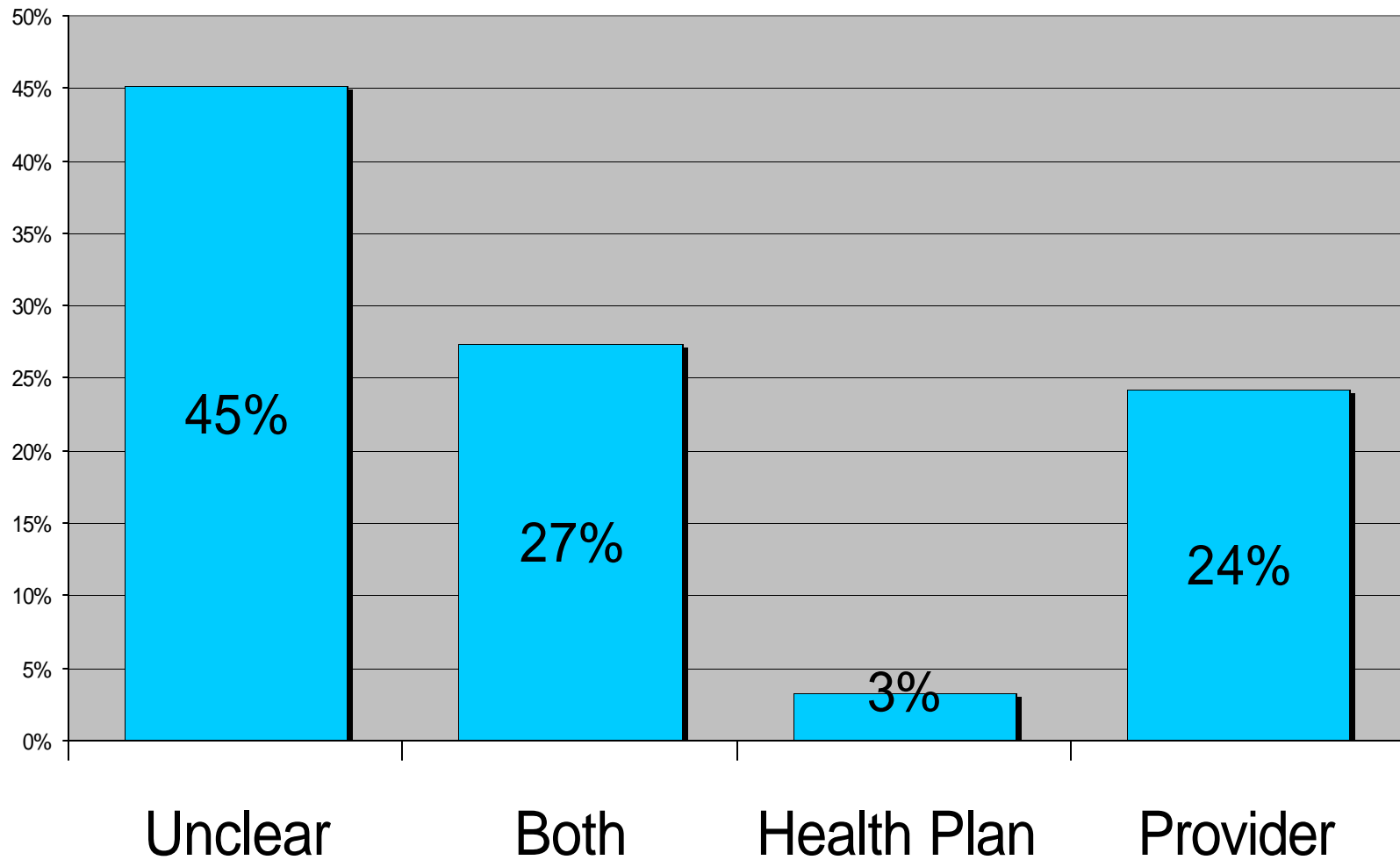




How can I deal with this
HIPAA in my office?

By October 16, 2003?

County Compliance Plan Perspectives

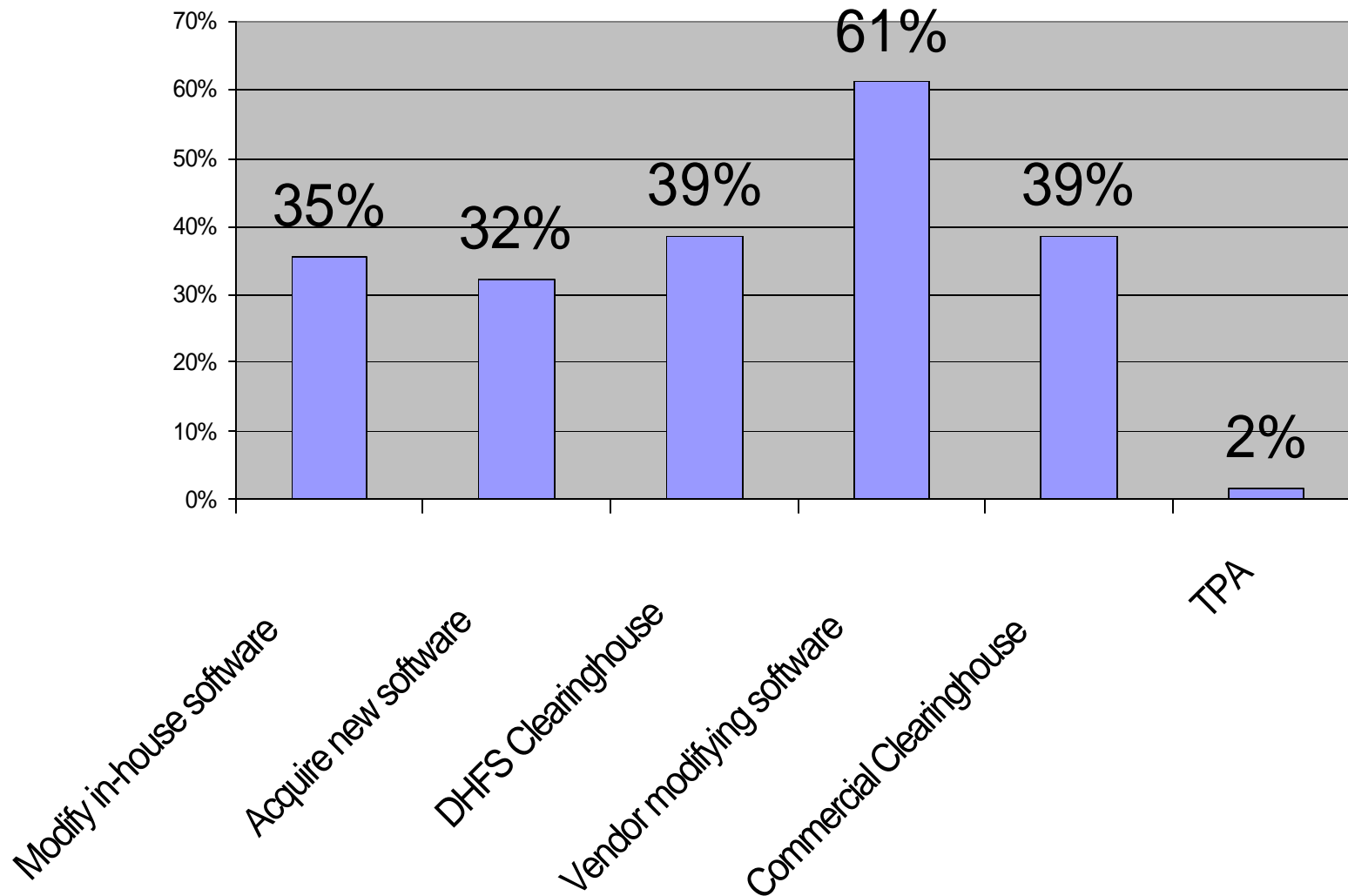




Conference Objectives

- Understand obligations under the Transactions Rule as
 - provider
 - health plan (Waiver Business Associate)
- Understand alternatives for compliance
 - short term
 - long term
- Explore alternatives with vendors
- Compare approaches with peers
- Explore collaboration possibilities

Approaches Identified in County Plans





Conference Agenda

- Review of county requirements
- Medicaid update
- Vendor presentations
 - DHFS County Claims Clearinghouse
 - Commercial Clearinghouses (TPA)
 - Translators
 - Software
- Lunch
- Discussions with vendors



Discussions with vendors

- Questions and answers
- Compare and contrast alternatives
 - for a given vendor
 - between vendors
 - between solution types
- Compare notes with other counties
- Explore collaboration among counties
- Explore with vendors potential savings or efficiencies with collaboration



When must counties comply with the HIPAA transactions rule?

- As covered providers



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electronically bill a health plan for health care services



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pay for health care and do not meet the exceptions for government-funded programs (e.g., General Relief Medical)



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- As a business associate of DHFS in administering the Medicaid Waiver programs



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- As a business associate of DHFS in administering the Medicaid Waiver programs
conducting transactions of a health plan on DHFS' behalf



When must counties comply with the HIPAA transactions rule?

- As covered providers (**often**)
electronically bill a health plan for health care services
- As a county health plan (**seldom**)
pay for health care and do not meet the exceptions for government-funded programs (e.g., General Relief Medical)
- As a business associate of DHFS in administering the Medicaid Waiver programs (**always**)
conducting transactions of a health plan on DHFS' behalf



Complying as a provider

- County option to send standard electronic transactions to health plan
 - Eligibility inquiry (270)
 - Request for authorization (278)
 - Claims (837)
 - Claims Status inquiry(276)



Complying as a provider

- County option to require health plan to send to the county standard electronic transactions for
 - Eligibility inquiry response (271)
 - Approval for authorization (278)
 - (Payment &) Remittance (835)
 - Claims status response (277)



Complying as a provider

Long Term Caution!

Any health plan can make a business decision to require providers to conduct transactions electronically (using the standards)

E.g., Medicare



Complying as health plan

- Provider option to send standard electronic transactions to county
 - Eligibility inquiry (270)
 - Request for authorization (278)
 - Claims (837)
 - Claims Status inquiry(276)

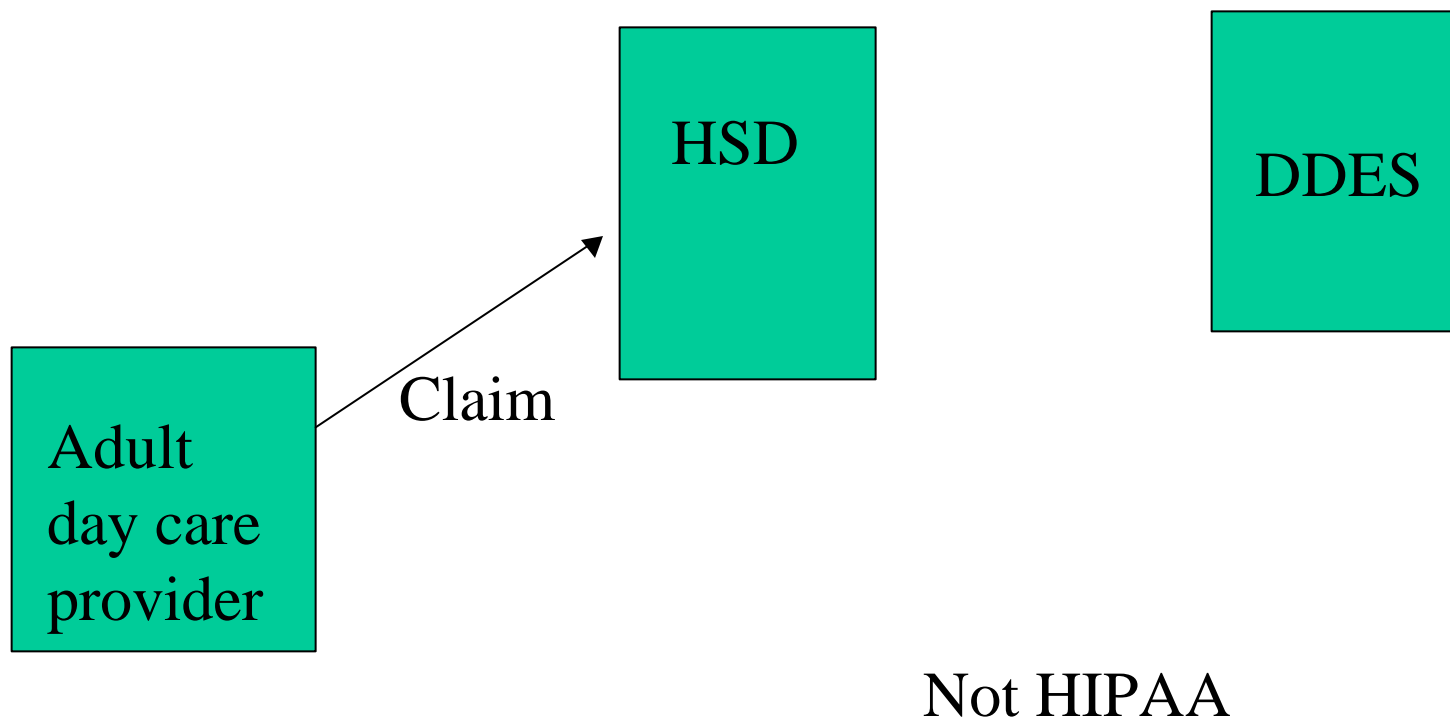


Complying as a health plan

- Provider option to require the county to send to the provider standard electronic transactions for
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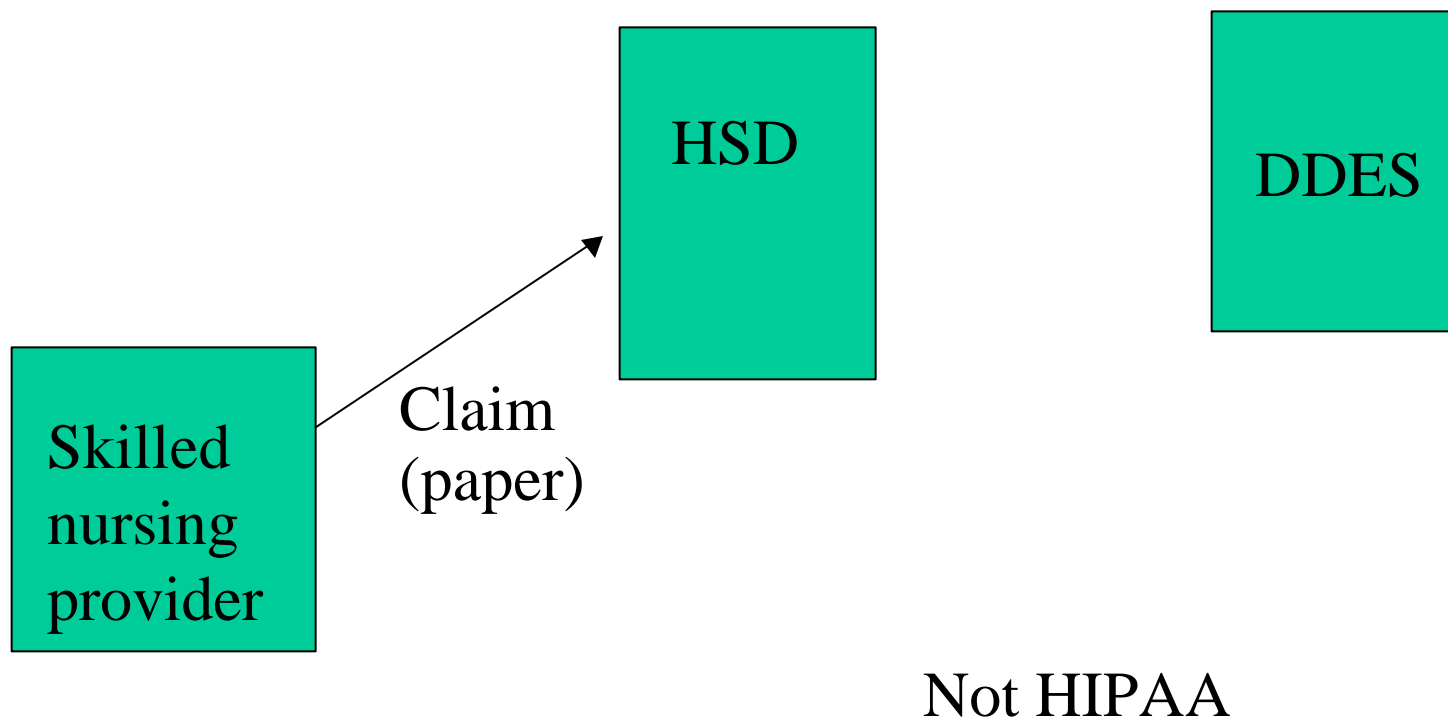


Complying as a health plan in the Waiver programs



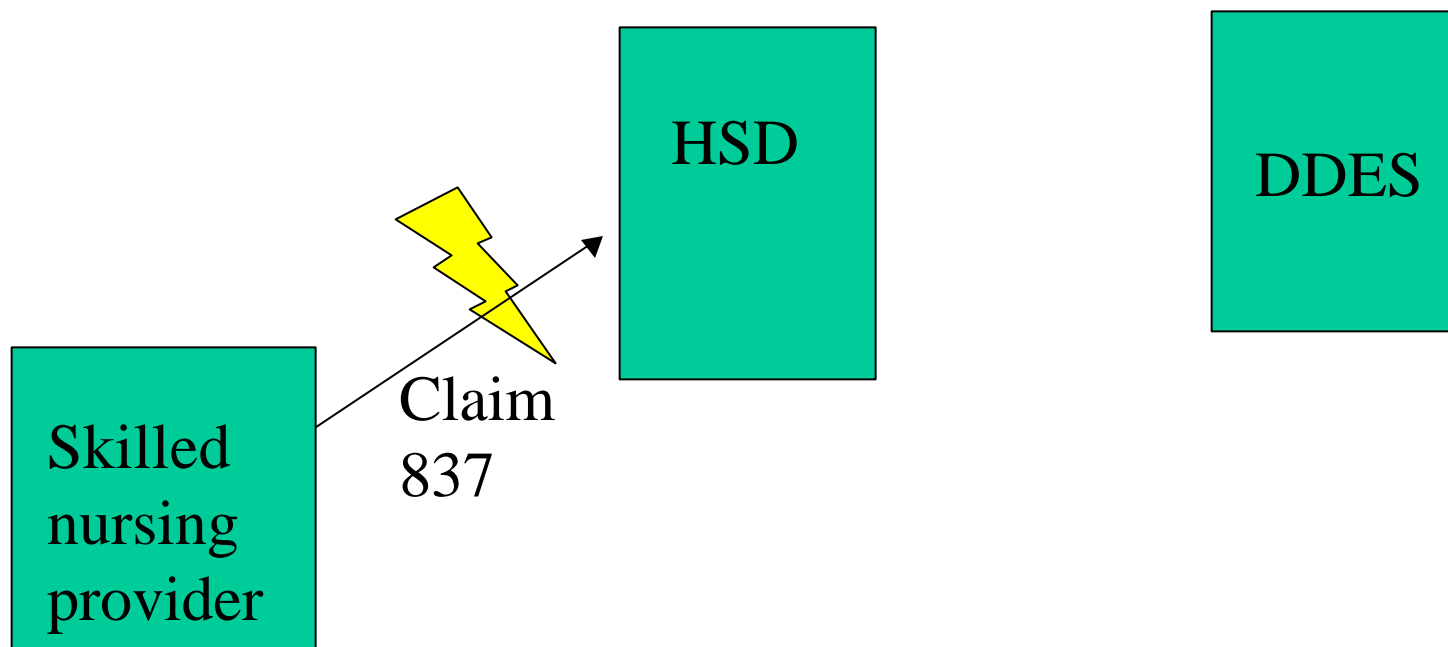


Complying as a health plan in the Waiver programs





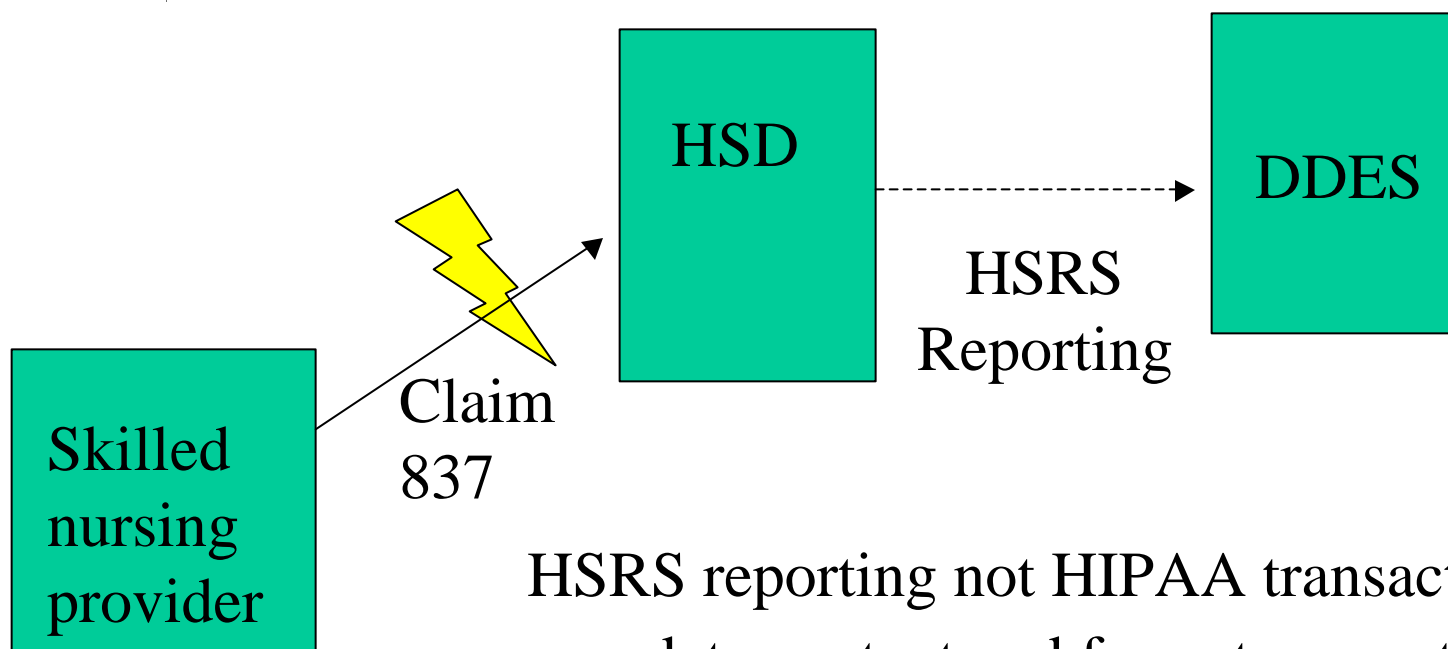
Complying as a health plan in the Waiver programs



Must be HIPAA compliant



Complying as a health plan



HSRS reporting not HIPAA transaction

- data content and format compatibility
- accept SPC or HCPCS codes



Complying as a health plan

Compliance means

- Accepting and processing a proper transaction
- Without delay
- Without disincentive
- Without additional charges



Likely order of Waiver provider demand for standard transactions

- Claims (837)
- (Payment &) Remittance (835)
- Claims status inquiry and response (276 and 277)
- Eligibility inquiry and response (270 and 271)
- Request for and Approval of authorization (278)



DHFS October 16 requirement for counties as business associates

- Have arrangements in place to conduct any electronic standard transactions providers expect of them
 - DHFS County Claims Clearinghouse Service OR
 - DHFS County Claims Clearinghouse Service and other arrangements OR
 - Other arrangements without DHFS County Claims Clearinghouse Service
- If no providers intend to conduct standard electronic transactions, commit to the DHFS County Claims Clearinghouse Service
 - Resubmit transaction compliance plan with “Commit to DHFS Clearinghouse Service” checked

Attachment 1

**HIPAA Transaction Rule County Business Associate Compliance Plan for Home
and Community Based Waiver Programs**
REVISED FORM

County Agency:

County Compliance Contact (name, title, phone number, email address):

General Approach:

Check approach(es) planned:

- | | |
|--|---|
| <input type="checkbox"/> Modify in-house software | <input type="checkbox"/> Vendor software being modified |
| <input type="checkbox"/> Acquire new software | <input type="checkbox"/> Commercial Clearinghouse |
| <input type="checkbox"/> Use DHFS Clearinghouse Service | <input type="checkbox"/> Third Party Administrator |
| <input checked="" type="checkbox"/> Commit to DHFS Clearinghouse Service | |

Narrative:



Possible long term expectations of counties as health plans

- Support standard electronic transactions from (more) providers
- Support additional kinds of standard electronic transactions beyond claims
- Mental health and AODA may someday become health plans under HIPAA
- Implications of Family Care



Factors in selecting alternatives

- Demand for standard electronic transactions from your providers
 - October 16
 - Over time
- County plans for current or new health plans (including Family Care)
- Costs
 - Possible federal match of county expenditures for Medicaid administration
 - Inefficiency of processing paper as provider or health plan
- Collaboration opportunities
- Integration with current systems
- Internal and administrative capabilities

